PART B - FEE(S) TRANSMITTAL

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maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 12/28/2005 Barry E. Bretschneider Morrison & Foerster LLP Suite 300 1650 Tysons Boulevard McLean, VA 22102 02/10/2006 MBEYENE2 00000145 031952 10808367				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)									
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							(3 F(2:800CATION NO. 18.00	DA FILING DATE	I	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
				10/808,367 03/25/2004		Yoshiki Nakan		ne	325772034900	4727			
TITLE OF INVENTION: CI AMOUNT OF NICKEL TO S	SUPPRESS OXIDATION												
APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1400		\$300	\$1700 —	03/28/2006							
EXAMINER		ART UNIT		CLASS-SUBCLASS									
GRAINGER, QUANA MASHELL		2852		399-170000									
 Change of correspondence address or indication of "Fee Addres CFR 1.363). Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
(A) NAME OF ASSIGNEE	n assignee is identified below CFR 3.11. Completion of	ow, no assignee of this form is NOT	lata will appear or a substitute for fil RESIDENCE: (C		•	document has been filed for							
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4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):										
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Advance Order - # of Copies 6			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $03-1952$ (enclose an extra copy of this form).										
5. Change in Entity Status (f	rom status indicated above) ALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).							
The Director of the USPTO is NOTE: The Issue Fee and Pub interest as shown by the record	olication Fee (if required) wi	ll not be accepted	from anyone other	to re-apply any previous than the applicant; a re	sly paid issue fee to the application gistered attorney or agent; or t	ation identified above. he assignee or other party in							
Authorized Signature	Jobanh J. Kl	lasses		Date F	ebruary 9, 2006								
Typed of printed name	Deborah S. Gla				n No. <u>43,636</u>								
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